2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000207174

Entity Name: ALICIA'S LLC

Current Principal Place of Business:

255 CAPRI CIRCLE N SUITE 35 TREASURE ISLAND, FL 33706

Current Mailing Address:

255 CAPRI CIRCLE N SUITE 35 TREASURE ISLAND, FL 33706 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

ANDERSON, ALICIA 255 CAPRI CIRCLE N SUITE 35 TREASURE ISLAND, FL 33706 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ALICIA H ANDERSON

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

 Title
 PTS

 Name
 ANDERSON, ALICIA H

 Address
 255 CAPRI CIRCLE N SUITE 35

 City-State-Zip:
 TREASURE ISLAND FL 33706

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALICIA ANDERSON

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: Yes

06/10/2020

06/10/2020 Date

Date

PTS